



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

9/12
6/3/04

Applicants: Mats A.
Brenner

Serial No.: 09/691,690

For: **APPARATUS FOR
NAVIGATION SATELLITE
SIGNAL QUALITY
MONITORING**

Filed: October 18, 2000

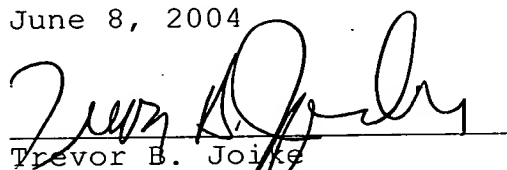
Group Art Unit: 2631

Confirmation No.: 4875

Examiner: K. Tran

) I hereby certify that this
) paper is being deposited
) with the United States
) Postal Service as first
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) in an envelope addressed to:
) Commissioner for Patents,
) P.O. Box 1450, Alexandria,
) VA 22313-1450 on this date:

) June 8, 2004

) 
) Trevor B. Joike
) Reg. No. 25,542
) Attorney for Applicants

RESPONSE TO 03/09/04 OFFICE ACTION

RECEIVED

Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

JUN 23 2004

Technology Center 2600

Dear Sir:

INTRODUCTION

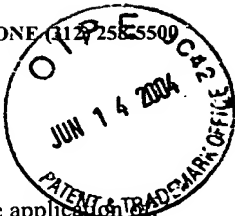
Claims 1-45 remain in the application. Claims
1-42 are rejected.

05/17/2004 KMEKONEN 00000107 09691690

0% FC:1201
02 FC:1202

86.00 DP
36.00 DP

TELEPHONE (312) 258-5509



SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

H26546US

CONF. NO.: 4875

In re application of

Mats A. Brenner

Serial No.:

09/691,690

GROUP ART UNIT: 2631

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For:

APPARATUS FOR NAVIGATION SATELLITE SIGNAL QUALITY MONITORING

RESPONSE TO 03/09/04 OFFICE ACTION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

RECEIVED

JUN 23 2004

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CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*45	MINUS	43	X 2	() X 9.00 (X) X 18.00	\$36.00
INDEP. CLAIMS	* 4	MINUS	3	X 1	() X 43.00 (X) X 86.00	\$ 86.00
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$135.00 () \$270.00 ONE TIME	\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$122.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ month so that the period for response is extended to _____. A check in the amount of \$ _____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ is attached.
- ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5774.

SCHIFF HARDIN LLP (Customer Number: 000128)

Patent Department

BY

[Signature]

(25,542)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 8, 2004.

Trevor B. Joike

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

June 8, 2004

DATE